

IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF PENNSYLVANIA

IN RE: ASBESTOS PRODUCTS LIABILITY
LITIGATION (NO. VI)

Robert O'Keefe

Plaintiff,

v.

AGA Gas, Inc., et al.,

Defendants

Civil Action No. MDL 875

PA-ED Case No. 08-92210

Trans. from IL-CD Case No. 06-1308

MOTION TO APPOINT SPECIAL ADMINISTRATOR

NOW COMES Nadra O'Keefe by and through her attorneys, CASCINO VAUGHAN LAW OFFICES, LTD. and pursuant to Rule 25 (a) of the Federal Rules of Civil Procedure, moves this Honorable Court to enter an order to appoint her Special Administrator on behalf of Robert O'Keefe, deceased, to litigate the above-captioned matter, and to change the above caption to reflect the same, and, in support thereof, states as follows:

1. Plaintiff, Robert O'Keefe, died on 3/11/2006, pursuant to State of Illinois Medical Death Certificate attached hereto.

2. Nadra O'Keefe is the wife of Robert O'Keefe.

WHEREFORE, Nadra O'Keefe, moves this Honorable Court to enter an order appointing her Special Administrator for the purpose of litigating this cause, and changing the caption to read: Nadra O'Keefe, individually and as special administrator of the estate of Robert O'Keefe, deceased, Plaintiff v. AGA Gas, Inc., et al., Defendants.

Respectfully submitted,

By: s/ Michael P. Cascino
One of Plaintiff's Attorneys

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CERTIFICATE OF SERVICE
FOR CASE NO. 08-92210

I hereby certify that on July 15, 2010 I electronically filed the foregoing with the United States District Court for the Eastern District of Pennsylvania using the CM/ECF system which will send notification of such filing to the following:

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and I mailed by United States Postal Service copies to the following non-CM/ECF participants:

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REGISTRATION DISTRICT NO. 12.0		STATE OF ILLINOIS		STATE NUMBER	
REGISTERED NUMBER 486		MEDICAL CERTIFICATE OF DEATH			
DECEASED-NAME		FIRST	MIDDLE	LAST	SEX
		Robert	Vincent	O'Keefe	2 Male
COUNTY OF DEATH		DATE OF DEATH (MONTH, DAY, YEAR)		3 March 11, 2006	
4 Peoria		AGE-LAST BIRTHDAY (YRS)		DATE OF BIRTH (MONTH, DAY, YEAR)	
5a 68		5b 5c 5d		1937	
CITY, TOWN, TWP. OR ROAD-DISTRICT NUMBER		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			
6a Peoria		6b OSF St. Francis Medical Center			
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)	
7 Pekin, Illinois		8a Married		8b Nadra Lynn Schmick	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION		KIND OF BUSINESS OR INDUSTRY	
10 3060		11a Brickmason		11b Manufacturing	
EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)		RESIDENCE (STREET AND NUMBER)		CITY, TOWN, TWP. OR ROAD-DISTRICT NO.	
12-12		13a 903 S. 17th Street		13b Pekin	
INSIDE CITY (YES/NO)		COUNTY		STATE	
13c Yes		13d Tazewell		13e Illinois	
ZIP CODE		RACE (WHITE/BLACK/AMERICAN INDIAN, etc.) (SPECIFY)		OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN)	
13f 61554		14a White		14b <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY	
FATHER-NAME		FIRST	MIDDLE	LAST	MOTHER-NAME
15 Earl		Paul		O'Keefe	16 Elizabeth Catherine Keogel
INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP		MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)	
17a Nadra Lynn O'Keefe		17b Wife		17c 903 S. 17th St. Pekin, IL 61554	
18 PART I		Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.			
Immediate Cause (Final disease or condition resulting in death)		(a) Small cell carcinoma of lung			
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST		(b) Tobacco use			
		(c)			
PART II: Other significant conditions contributing to death but not resulting in the underlying cause given in PART I		CORD, acute myocardial infarction, pneumonia			
DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION		AUTOPSY (YES/NO)	
20a		20b		19a NO	
(H) DID (H) DID NOT ATTEND THE DECEASED (H) DID NOT SAW HIM/HER ALIVE ON		(MONTH, DAY, YEAR)		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?	
21a 3-9-06		21b Yes		20c YES <input type="checkbox"/> NO <input type="checkbox"/>	
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)		HOUR OF DEATH	
22a SIGNATURE		21b Yes		21c 8:20 A.	
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		22b 5/13/06		DATE SIGNED (MONTH, DAY, YEAR)	
22c John D. Bauer, M.D. 105 S. Locust, Tremont, IL		22d 03-09-1585		ILLINOIS LICENSE NUMBER	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		23		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.	
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY-NAME		LOCATION	
24a Cremation		24b Central Illinois Mortuary Services		24c Peoria, Illinois	
FUNERAL HOME		NAME		CITY OR TOWN	
25a Abts Mortuary		905 S. Fifth St.		Pekin, Illinois 61554	
FUNERAL DIRECTOR'S SIGNATURE		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER		DATE (MONTH, DAY, YEAR)	
25b Dorothy Jean Clugsten		25c 034-009730		24d 03/15/2006	
LOCAL REGISTRAR'S SIGNATURE		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)		26b March 14, 2006	
26a Andrew L. Parker, MS, RN					

VR200 (Rev. 5/89)

Illinois Department of Public Health—Division of Vital Records

(BASED ON 1988 U.S. STANDARD CERTIFICATE)

STATE OF ILLINOIS)
COUNTY OF PEORIA) SS

CERTIFIED COPY OF VITAL RECORDS

This is to certify that this is a true and correct copy of the official record filed with the Illinois Department of Public Health.

DATE ISSUED: MAR 14 2006

Andrew L. Parker, MS, RN

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

